



**City of Cambridge
Community Development Department
344 Broadway
Cambridge MA 02139**

LEAD-SAFE CAMBRIDGE INTAKE FORM (RENTERS ONLY)

Head of Household Information

First Name:

Last Name:

Street Address

City

State

Zip Code

Phone: (Day)

*Area Code Required

Phone (Evening)

*Area Code Required

MAIN LANGUAGE SPOKEN AT HOME(Check one only)

English

Creole

Spanish

Portugues

Other

Household Information:

1. Please include information for ALL OTHER HOUSEHOLD MEMBERS- adults and children.

First

Last

DOB

Relationship

2. Are there any children in your home under 6 years old of age who do NOT live there FULL Time? (i.e children in joint parental custody, grandchildren, daycare, etc.) Yes No

If "Yes", please note child's name and number of hours per week child spends in household

Child's Name

Hours Per Week

3. Is a member of your household **PREGNANT**? YES No

4. Number of Bedrooms: _____ Number of rooms: _____
(include kitchen and bathroom(s))

Household Income Information:**Total Annual Household Income before taxes (gross)**

for all household members from all sources for 2003. Per Year

Total Year-to-Date Household Income before taxes (gross)

for all household members from all sources for 2004. Per Year

Expected Total Annual Household Income before taxes (gross) Per Year
for all household members from all sources for 2004.

Please ATTACH copies of the following documentation of household income for both 2003 and 2004. (Check all that apply)

1. 2002 Federal Income Tax Return
2. Most recent pay stub showing year-to-date earnings
- OR**
3. Letter from employer stating Year-to-Date earnings, compensation rate and number of hours employed per week
4. Unemployment compensation documentation showing year-to-date earnings
5. Fixed income documentation (AFDC, Social Security, etc.)
- 6. Lead-Safe Cambridge “Affidavit of Self-Employment or Unreported Income”**

Signature Section:

I authorize Lead-Safe Cambridge to verify tax and social security information with the Internal Revenue Service.

I hereby certify that all information in this certification is true and correct to the best of my knowledge and belief, and all information has been included which might affect a judgment regarding the feasibility of City participation in deleading the housing in which I reside.

Signature of Head of Household

Date _____